| Debtor 1 | Fox Ortega Enterprises, Inc |
|---------------------------------|--|
| Debtor 2 (Spouse, if filing) | |
| United States B | ankruptcy Court for the: Northern District of California |
| Case number | 16-40050 |



Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| 1. | Who is the current creditor? | Steven M. Smith Name of the current creditor (the person or entity to be paid for this classical or the creditor used with the debtor | , | | |
|----|---|---|---------------------------|-------------------------------|-----------|
| 2. | Has this claim been acquired from someone else? | X No Ves. From whom? | | | |
| 3. | Where should notices and payments to the creditor be sent? | Where should notices to the creditor be sent? | Where shoul different) | d payments to the creditor be | sent? (if |
| | Federal Rule of | <u>Steven Smith</u> Name | Name | | · |
| | Bankruptcy Procedure (FRBP) 2002(g) | 10359 Mackinzie Way Number Street | Number | Street | |
| | | Diblin, OH 43017 City State ZIP Code | City | State | ZIP Code |
| | | Contact phone 614.203.7218 | Contact phone | | |
| | | Contact email thesmiths.osu Dme.com | Contact email | | |
| | | Uniform claim identifier for electronic payments in chapter 13 (if you us | e one): | | |
| 4. | Does this claim amend one already filed? | № No Yes. Claim number on court claims registry (if known) | | Filed on | / YYYY |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | X No □ Yes. Who made the earlier filing? | | | |



| 6. | Do you have any number you use to identify the debtor? | X No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: |
|------------------------------------|--|--|
| 7. | How much is the claim? | \$ Does this amount include interest or other charges? 风 No |
| | | Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). |
| | | Limit disclosing information that is entitled to privacy, such as health care information. |
| | | Payment for wine futures order |
| | Is all or part of the claim secured? | No |
| | Secured | Yes. The claim is secured by a lien on property. |
| | | Nature of property: |
| | | Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. |
| | | Motor vehicle |
| | | Other. Describe: |
| | | Basis for perfection: |
| | | Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | | Value of property: \$ |
| | | Amount of the claim that is secured: \$ |
| | | Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7. |
| | | Amount necessary to cure any default as of the date of the petition: \$ |
| | | Annual Interest Rate (when case was filed)% |
| | | General Fixed |
| | | Variable |
| | s this claim based on a | X No |
| I | ease? | ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ |
| | s this claim subject to a | Mo No |
| ſ | right of setoff? | Yes. Identify the property: |
| | | A second se |

| 12. Is all or part of the claim entitled to priority under | No Ves. Check all that apply: | |
|--|--|-----------------------------|
| 11 U.S.C. § 507(a)? | | Amount entitled to priority |
| A claim may be partly priority and partly | Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | □ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ |
| | Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ |
| | Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ |
| | Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ |
| | □ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ |
| | * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after | er the date of adjustment. |

Part 3: Sign Below

| The person completing | Che | eck the appropriate box: | T | | |
|---|---|--|---|--|--|
| this proof of claim must sign and date it. | X | I am the creditor. | | | |
| FRBP 9011(b). | | I am the creditor's attorney or authorized agent. | | | |
| If you file this claim | | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | |
| electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature | | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | |
| is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | |
| A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | l ha | ve examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true correct. | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and 3571. | l de | clare under penalty of perjury that the foregoing is true and correct. | | | |
| 5571. | Exe | cuted on date $\frac{O1/2O/2O16}{MM f DD / YYYY}$ | | | |
| | Prin | Signature Signature of the person who is completing and signing this claim: | | | |
| | Nam | re <u>Steven Mark Smith</u> First name Middle name Last name | | | |
| | Title | | | | |
| | Com | pany | | | |
| | Addro | ess <u>10359 Mackenzie</u> Way Number Street | | | |
| | | Delin, 0H 4-3017 | | | |
| | | City State ZIP Code | | | |
| | Conta | act phone 614.203.7218 Email the smiths. osu a me.com | 4 | | |